

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1617

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Audrain
 (b) City or town Mexico
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Audrain Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 week
 (Specify whether
 In this community 5 years
 years, months or days)

3. (a) PRINT FULL NAME Lucille Kunkle

3. (b) If veteran, name war No
 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced 1 M
 6. (b) Name of husband or wife Charlie Kunkle 6. (c) Age of husband or wife if alive 55 years
 7. Birth date of deceased Mar 8th 1896
 (Month) (Day) (Year)

8. AGE: Years 45 Months 10 Days 19 If less than one day
 hr. min.

9. Birthplace Milford, Kansas 1
 (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Albert Smith
 13. Birthplace D.K. 1
 (City, town, or county) (State or foreign country)
 14. Maiden name D.K.
 15. Birthplace D.K. 1
 (City, town, or county) (State or foreign country)

16. (a) Informant Charlie Kunkle(b) Address Mexico, Missouri

17. (a) Burial (b) Date thereof 1/20/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood(e) Signature of funeral director W. C. Arnold(b) Address Mexico, Missouri

19. (a) January 29-1940 (b) Blaude Neely
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Audrain 4
 (c) City or town Mexico 1
 (If outside city or town limits, write "RURAL") 2
 (d) Street No. 408 S. Washington
 (If rural, give location) 0
 (e) If foreign born, how long in U. S. A? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
 year 1941 hour 10:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 21, 1941, to Jan 27, 1941;
 that I last saw her alive on Jan 27, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Degenerative
myocarditis
Secondary Bronchial Pneumonia Duration

Due to
 Due to Probably prolonged hypertension

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 93 W
 Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 23
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Harry F. Olson (M. D. or other) 0
 Address Mexico, Mo Date signed 1/28/41

60
46
15

RECEIVED

District Health Officer No. 10

District File Number 2-41-443

Date Filed FEB 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Chas. Amos
Licensed Embalmer No. 3569

P. O. Address Misses

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above: